

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

10 589893

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/	/	/		
2		/	/	/		
3		2				
4	2					
5	2					
6	1					
7	1					
8	1	1				
9	1					
10	1	1	1			
11	1					
12	1					
13	1					
14	2					
15	1				5	
16	1					
17	1					
18	1					
19	1					
20		1	1			
21	1					
22					2	
23						
24					1	
25						
26					1	
27						
28						
29					2	
30					2	
31					1	
32					1	
33					1	
34					1	
35					1	
36					1	
37					2	
38					2	
39					1	
40					1	
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	3		5			
TOTAL DEP.	22	↓	45	↓		
TOTAL CLAIMS	23	←	50	←		

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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98						
99						
100						
TOTAL IND.			↓		↓	
TOTAL DEP.			←		←	
TOTAL CLAIMS						